

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142979

Entity Name: BLB FOLIAGE AND CACTUS, INC.

FILED  
Mar 04, 2008  
Secretary of State

## Current Principal Place of Business:

1830 PLYMOUTH SORRENTO RD  
APOPKA, FL

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1027  
PLYMOUTH, FL 32768

## New Mailing Address:

FEI Number: 58-1927155

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAMPTON, GLORIA G  
3002 YOTHERS ROAD  
PLYMOUTH, FL 32768 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HAMPTON, GLORIA G  
Address: 3002 YOTHERS ROAD  
City-St-Zip: PLYMOUTH, FL 32768

Title: VP ( ) Delete  
Name: HAMPTON, PAUL  
Address: 3002 YOTHERS ROAD  
City-St-Zip: PLYMOUTH, FL 32768

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA HAMPTON

P

03/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date